FEC

STATEMENT OF

| FORM 1 | ORGANIZAT | ΓΙΟΝ | | |
|-------------------------------|--|---|--------------|---------------------------------|
| i Ortivi i | (See instructions) | | | Office use only |
| NAME OF COMMITTEE (in | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | 1 1 |
| ARCADIS U.S. | , INC. POLITICAL ACTION COMMIT | TEE (ARCADIS PAC) | | |
| | | | | |
| ADDRESS (number and | street) 630 PLAZA DRIVE SUIT | ГЕ 200 - - - - - - - - - - - - - | | |
| (Check if address is changed) | | | | |
| | HIGHLANDS RANCH | | <u>ငှဝ</u> | 80129 2377 |
| | CI | ITY▲ | STATE | ZIP CODE 📥 |
| COMMITTEE'S E-MA | L ADDRESS (Please provide only one e-mai | | | |
| (Check if address is changed) | ARCADISPAC@ARCAD | DIS-US.COM | | |
| | | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | | |
| (Check if address is changed) | | | | |
| | 1 | | | |
| | | | | |
| 2. DATE 0.3 | | | | |
| 3. FEC IDENTIFICA | TION NUMBER C | C00388983 | | |
| 4. IS THIS STATEM | NEW (N) OR | X AMENDED (A) | | |
| L certify that I have exami | ned this Statement and to the best of my knowler | dge and belief it is true, correct | and complete | |
| rooming macrimate exami | | | and complete | |
| Type or Print Name of | Treasurer Mr. Dean Johnson | | | |
| Signature of Treasurer | Electronically Filed by Mr. Dean Jol | hnson | Date 0,3 | 20 7 20 9 |
| NOTE: Submission of fa | lse, erroneous, or incomplete information may su | | • | - |
| Office | 7.111 STANGE IN IN GRIMATIO | <u> </u> | | |
| Use | | For further information Federal Election Communication Toll Free 800-424-9530 | ission | FEC FORM 1 (Revised 02/2009) |